Revision: HCFA-AT-81-34 (BPP)

10-81

State NEW JERSEY

itation

4.21 Prohibition Against Reassignment of

42 CFR 447.10(c) AT-78-90 46 FR 42699

Provider Claims

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # \$1.28 Supersedes

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